

VU Research Portal

Improving nursing home care for dementia: is the environment the answer?

Pot, A.M.

published in

Aging and Mental Health
2013

DOI (link to publisher)

[10.1080/13607863.2013.828679](https://doi.org/10.1080/13607863.2013.828679)

document version

Publisher's PDF, also known as Version of record

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Pot, A. M. (2013). Improving nursing home care for dementia: is the environment the answer? *Aging and Mental Health*, 17(7), 785-787. <https://doi.org/10.1080/13607863.2013.828679>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:

vuresearchportal.ub@vu.nl



Aging & Mental Health

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/camh20>

Improving nursing home care for dementia: is the environment the answer?

Anne Margriet Pot ^a

^a Program on Aging, Netherlands Institute of Mental Health and Addiction Utrecht, Department of Clinical Psychology EMGO+ , VU University , Amsterdam , The Netherlands
Published online: 25 Aug 2013.

To cite this article: Anne Margriet Pot (2013) Improving nursing home care for dementia: is the environment the answer?, *Aging & Mental Health*, 17:7, 785-787, DOI: [10.1080/13607863.2013.828679](https://doi.org/10.1080/13607863.2013.828679)

To link to this article: <http://dx.doi.org/10.1080/13607863.2013.828679>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

EDITORIAL

Improving nursing home care for dementia: is the environment the answer?

Small, homelike care environments for people with dementia

In the past decades, there has been an increasing awareness that the physical and psychosocial environment is essential for the quality of life of people with dementia, their family members and the well-being of care staff. New care models arose from the idea that people with dementia first need a safe and familiar environment. The assumption was that an environment, with a normal daily routine and a normal household, would suit people with dementia best. This small, homelike care was diametrically opposed to traditional nursing home care, which was provided according to a medical, hospital like model. In traditional nursing home care, people with dementia shared their room with several other residents and wards with 30 residents were not unusual. In line with the anti-psychiatry movement, awareness arose that residents with dementia were above all human beings, not patients.

The ‘Cantou’ in France was identified by Verbeek, van Rossum, Zwakhalen, Kempen, and Hamers, (2009), as the first small, homelike care concept for people with dementia. In addition, similar concepts appeared in Sweden (Group Living Homes: Annerstedt, 1997), followed for example by countries such as Great Britain (Domuses: Lindsay, Briggs, Lawes, MacDonald, & Herzberg, 1992), Japan (Group homes: Funaki, Kaneko, & Okamura, 2005) and the Netherlands (Group Living Homes/ Small-Scale Care: te Boekhorst, Depla, de Lange, Pot, & Eefsting, 2007). Along with the Eden alternative, Green Houses and other new models for nursing homes in the USA (Rabiq, Thomas, Kane, Cutler, & McAlilly, 2006). Although a standard definition is lacking, all those care concepts have in common the focus on a homelike household and meaningful activities for the residents with dementia (Verbeek et al., 2009).

Are people with dementia better off in new group living homes than in traditional nursing homes?

The question increasingly investigated is: are people with dementia better off in these new, small, homelike types of care facilities than in traditional nursing homes? Opinions are divided, not only among policy-makers and health care providers, but also among researchers who come to contradictory conclusions based on their scientific research. For example, te Boekhorst, Depla, de Lange, Pot, and Eefsting (2009), te Boekhorst, Pot et al. (2008), te Boekhorst, Willemse, Depla, Eefsting, and Pot (2008) concluded that new residents and care staff were better off in group living homes as compared to recently built regular nursing homes, but family caregivers were not. Verbeek et al. (2010) found some beneficial effects of group

living homes on family caregivers, but no convincing effects for residents and care staff, based on comparing group living homes and regular nursing homes. Both studies were carried out in The Netherlands. Although the methods are not completely comparable, they are not likely to explain the differences found.

Conclusions regarding whether or not residents, family members or care staff are better off in group living homes or other new types of living arrangements for people with dementia do serve the headlines in newspapers. However, they do not serve daily practice and our understanding of the way to improve the quality of life of people with dementia. What do other living arrangements need to improve in order to increase the quality of life of their residents? Replacing all existing large-scale nursing homes with these new types of care facilities is not realistic, especially in this time of economic recession.

The problem with comparing different settings for people with dementia

The problem with comparing different types of homes for people with dementia will be illustrated on the basis of the results of the study on Living Arrangements for people with Dementia, the LAD-study, which is an ongoing national survey in nursing homes in the Netherlands (Willemse, Smit, de Lange, & Pot, 2011). For this study we selected a broad range of living arrangements providing nursing home care to people with dementia. Traditional large-scale nursing homes, dementia wards in residential homes, large-scale nursing homes providing small scale care and two different types of group living homes: one type with more than 36 residents, part of a facility that also provides other care, and a standalone facility in the community with 36 or less residents.

In each of the 136 participating living arrangements that participated in the first wave of data collection, we measured the actual amount of small-scale care provided. We used a small-scale care questionnaire developed in earlier research (te Boekhorst et al., 2007). This questionnaire was based on an operationalization of the concept by pioneers of small-scale care and experts in the field in the Netherlands. In short: small-scale care residents have control over their own daily lives and form a group in a homely environment, a normal household is run with staff being a part of it. Based on the original 28-item questionnaire, we developed a shortened version of 14 items, such as: visitors and non-care staff ring the bell at the front door of the homes to be let in, the residents’ rooms are not kept locked during the day, carers have their meals with the residents (see Appendix).

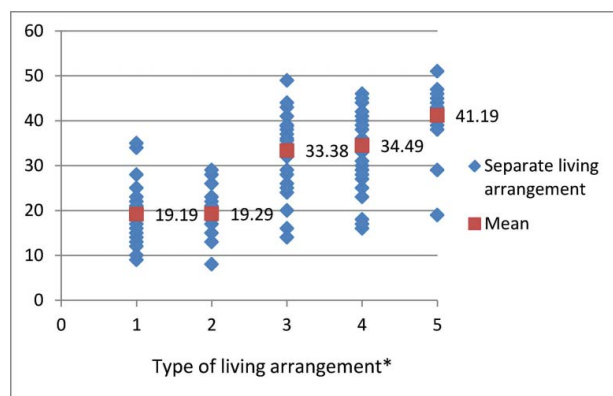


Figure 1. Score on the small-scale residential care – questionnaire per type of living arrangement. *1 = traditional large-scale nursing home; 2 = dementia wards within residential homes; 3 = group living homes with more than 36 residents in total; 4 = group living homes with maximum 36 residents, also providing care for other target groups; 5 = group living homes with maximum 36 residents, providing no other care.

Results of the LAD-study showed that all types of living arrangements, ranging from traditional nursing homes to small standalone group living homes in a regular neighborhood, provided to a greater or lesser extent small-scale care (Pot & de Lange, 2010). The mean of small-scale care provided by the different types of living arrangements slightly increases from traditional nursing homes to small group living homes. However, results showed a great difference in the amount of small-scale care provided by the same types of living arrangements. In addition, an overlap in the amount of small-scale care provided by different types of living arrangements was found. Some traditional nursing homes provided even more small-scale care than some group living homes with less than 36 residents (see Figure 1). Thus, the same type of living arrangements may provide different types of care.

Important consequences for research

These findings have important consequences for nursing home research: the focus should be on the relation between the actual care provided and the quality of life of residents, family-members and the well-being of care staff. Research questions on which type of living arrangement would be best, are based on the assumption that a specific type of living arrangement like group living homes, provides the same type of care to the residents. This is not the case, as was shown by results of the LAD-study. These findings are also in line with other research, for example a study by Popham and Orrell (2012), showing that for people with dementia the way the home was designed was less important than being able to make choices and to engage in activities, and what the staff approach was.

By simply comparing the quality of life of residents in different types of living arrangements (and I did that myself) essential knowledge on what promotes the quality of life of residents cannot be gained. We need to relate the actual care provided, to its outcomes for clients and care

staff. For example, residents in living arrangements, which provide a higher level of small-scale care are found to be more involved in diverse activities (Smit, de Lange, Willemse, & Pot, 2012). This type of research will shed light on the importance of new care concepts for residents' quality of life, the mental health of family caregivers and the well-being of care staff. The development of instruments for measuring the implementation of dementia care concepts in different countries (such as the small-scale care questionnaire) would be helpful to support this type of research.

For daily practice these findings mean that we do not need to stand by idly if we are employed in large-scale traditional nursing homes, nor that we may rest on our laurels if we are employed in any new type of dementia care. We are part of the environment that is so important for the quality of life of people with dementia, the mental health of family members and the well-being of care staff. This offers great opportunities to provide better informed and better quality care guided by the right research.

References

- Annerstedt, L. (1997). Group-living care: An alternative for the demented elderly. *Dementia and Geriatric Cognitive Disorders*, 8, 833–841.
- Funaki, Y., Kaneko, F., & Okamura, H. (2005). Study on factors associated with changes in quality of life of demented elderly persons in group homes. *Scandinavian Journal of Occupational Therapy*, 12(1), 4–9.
- Lindesay, J., Briggs, K., Lawes, M., MacDonald, A., & Herzberg, J. (1992). The Domus philosophy: A comparative evaluation of a new approach to residential care for the demented elderly. *International Journal of Geriatric Psychiatry*, 6(10), 727–736.
- Popham, C., & Orrell, M. (2012). What matters for people with dementia in care homes? *Aging & Mental Health*, 16, 181–188.
- Pot, A.M., & de Lange, J. (Eds.). (2010). *Monitor Woonvormen Dementie. Een studie naar verpleeghuiszorg voor mensen met dementie*. [Monitor living arrangements for people with dementia]. Utrecht: Trimbos-instituut (ISBN 978-90-5253-6729).
- Rabig, J., Thomas, W., Kane, R.A., Cutler, L.J., & McAlilly, S. (2006). Radical redesign of nursing homes: Applying the green house concept in Tupelo, Mississippi. *The Gerontologist*, 46(4), 533–539.
- Smit, D., de Lange, J., Willemse, B., & Pot, A.M. (2012). The relationship between small-scale care and activity involvement of residents with dementia. *International Psychogeriatrics*, 6, 1–11.
- te Boekhorst, S., Depla, M.F.I.A., de Lange, J., Pot, A.M., & Eefsting, J.A. (2007). Kleinschaligheid in de zorg voor ouderen met dementie: Een begripsverheldering [Small-scale group living for elderly with dementia: A clarification]. *Tijdschrift voor Gerontologie en Geriatrie*, 38, 17–26.
- te Boekhorst, S., Depla, M.F.I.A., de Lange, J., Pot, A.M., & Eefsting, J.A. (2009). The effects of group living homes on older people with dementia: A comparison with traditional nursing home care. *International Journal of Geriatric Psychiatry*, 24, 970–978.
- te Boekhorst, S., Pot, A.M., Depla, M.F.I.A., Smit, D., de Lange, J., & Eefsting, J. (2008). Group living homes for older people with dementia: The effects on psychological distress of informal caregivers. *Aging & Mental Health*, 12, 761–768.
- te Boekhorst, S., Willemse, B., Depla, M.F.I.A., Eefsting, J.A., & Pot, A.M. (2008). Working in group living homes for

older people with dementia: The effects on job satisfaction and burnout and the role of job characteristics. *International Psychogeriatrics*, 20, 927–940.

Verbeek, H., van Rossum, E., Zwakhalen, S.M., Kempen, G.I., & Hamers, J.P. (2009). Small, homelike care environments for older people with dementia: A literature review. *International Psychogeriatrics*, 21, 252–264.

Verbeek, H., Zwakhalen, S.M., van Rossum, E., Ambergen, T., Kempen, G.I., & Hamers, J.P. (2010). Dementia care

redesigned: Effects of small-scale living facilities on residents, their family caregivers, and staff. *Journal of the American Medical Directors Association*, 11(9), 662–770.

Willemse, B.M., Smit, D., de Lange, J., & Pot, A.M. (2011). Nursing home care for people with dementia and residents' quality of life, quality of care and staff well-being: Design of the living arrangements for people with dementia (LAD)-study. *BMC Geriatrics*. doi: 10.1186/1471-2318-11-11

Appendix 1.

Small-Scale Care Questionnaire

The following questionnaire lists 14 statements about daily routines in the residential accommodation. For each statement, mark the answer that most closely applies to the accommodation *as a whole*.

	Never	Seldom	Sometimes	Often	Always
Physical environment					
1. Visitors and non-care staff ring the bell at the front door of the homes to be let in	O	O	O	O	O
2. The living rooms have a homely atmosphere	O	O	O	O	O
3. Hot meals are prepared in the living room kitchens	O	O	O	O	O
4. Meals are served at table	O	O	O	O	O
5. Laundry is (partially) done in the homes	O	O	O	O	O
Residents					
6. The residents' rooms are kept locked during the day	O	O	O	O	O
7. Residents use their own linen	O	O	O	O	O
8. Residents help with housework	O	O	O	O	O
9. Residents help themselves to snacks	O	O	O	O	O
Relatives/other regular visitors					
10. If relatives visit at mealtimes, they join in the meals	O	O	O	O	O
11. Relatives help out with the housework	O	O	O	O	O
Staff					
12. Carers wear a uniform	O	O	O	O	O
13. Carers also perform household tasks	O	O	O	O	O
14. Carers have their meals with the residents	O	O	O	O	O

How to score the questionnaire.

To score the Small-Scale Residential Care Questionnaire the points for the answers are added up to a total score between a minimum of 0 and a maximum of 56 points. The points for the response categories are: Never = 0, Seldom = 1, Sometimes = 2, Often = 3, Always = 4, except for questions 6 and 12. For these questions Never = 4, Seldom = 3, Sometimes = 2, Often = 1 and Always = 0.

Note: The Small-Scale Residential Care Questionnaire is based on te Boekhorst, S., Depla, M.F.I.A., De Lange, J., Pot, A.M. & Eefsting, J.A. (2007). This is the shortened version used by the Netherlands Institute for Mental health and Addiction (*Trimbos-Instituut*) in the ongoing national survey in Living Arrangements for people with Dementia (LAD-study) filled out by the manager of the specific accommodation. The Small-Scale Residential Care Questionnaire was developed by and is the property of the Netherlands Institute for Mental Health and Addiction.

Anne Margriet Pot
 Program on Aging
 Netherlands Institute of Mental Health and Addiction
 Utrecht
 Department of Clinical Psychology
 EMGO+, VU University
 Amsterdam, The Netherlands